



FREMONT COUNTY BUILDING DEPARTMENT

2006 International Residential Building Code



RESIDENTIAL RE-ROOFING APPLICATION

Owner:	Applicant:
Mailing Address:	Mailing Address:
City, State, Zip Code:	City, State, Zip Code:
Phone Number:	Phone Number:
Construction Address:	Gate/Combination Lock:
Legal Description:	
Structure (s) to be re-roofed: A)	C)
Material Cost Only \$:	
Will any of the roof decking be replaced?	

Schedule #:	Valuation \$:
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PERMIT #:	EXPIRATION DATE:
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- *Re-Roof permits are valid for 90 days-no renewals
- *Provide a copy of the recorded deed from the Clerk & Recorder's Office
- *CONTRACTORS: Provide copy of signed contract; or
- *PROPERTY OWNER: Itemization and cost of all materials to be used
- *All layers of shingles shall be removed—a roof decking inspection is required
- *Flashing, vents, drip edge, etc. may need to be replaced as required by code
- *A request for final inspection shall be made within **10 days** of job completion
- *A ladder or other means of access **MUST** be on site for all inspections

FEES:	Permit: \$	Use Tax: \$	Method of payment: Cash/Check #:
	Violation: \$	Total Fees: \$	Receipt #:

By signing this application form I hereby certify that all answers contained herein are true and accurate to the best of my knowledge. I further agree to comply with applicable statutes, rules and regulations of this jurisdiction, and agree that any violation of said statutes, rules and or regulations may result in the revocation of this permit.

Signature of Applicant:	Date Applied:
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Complete Application Prepared By:	Date Prepared:
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Building Department Approved By:	Approval Date:
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NOTES: *The building permit (s) shall be at the construction site at all times. Failure to comply may result in a re-inspection fee and/or delay in issuance of certificate of completion. Each structure must have an approved final inspection to be considered complete. Request inspections by calling the inspection line at (719) 276-7373.*